



School of Nursing

**NURSING APPLICATION WORK EXPERIENCE/COMMUNITY SERVICE VERIFICATION FORM
(USE ONE FORM FOR EACH ORGANIZATION/EMPLOYER)**

APPLICANT INFORMATION

Name of Applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

ORGANIZATION/EMPLOYER INFORMATION

Name of Organization/Employer: _____

Address: _____

WORK EXPERIENCE/COMMUNITY SERVICE ACTIVITY

Start Date of Service: _____ End Date of Service: _____

(For any break in service, please explain in the description below. For example, if no activities occurred during the summer or school breaks, identify the dates of breaks below)

Healthcare related: YES NO

Total Hours Completed: _____

Average hours per week: _____

Description of Service:

SUPERVISOR INFORMATION

Supervisor Signature: _____ Date: _____

Print Name: _____ Title: _____

Phone: _____ Email: _____